

| t yes   No  X  | your dependent child because they meet  | of a spouse or   | earned" income, transactions, or consulted with the Committee on | <b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.                          |
|--|---|--|--|---|
| Yes No X   | . Have you excluded   | her "excepted trusts" need not be disclosed.   | mmittee on Ethics and certain other sependent child?             | TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? |
| Yes No 🔀   | is question, please   | as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please  | itial Public Offering during the rep                             | IPO - Did you purchase any shares that were allocated as a part of an Ir contact the Committee on Ethics for further guidance.  |
| UESTIONS   | SWER EACH OF THESE QUESTIONS  | AN   | NT, OR TRUST INFO  | IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -  |
| RRESPONDING SCHEDULE IF YOU ANSWER "YES"   | AG SCHEDULE IF  | E CO   | Yes No X   | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?   |
| Yes No   | organization make a donation to charity in speech, appearance, or article during the  | I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?                                       | Yes X  | D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?   |
| Yes No   | a, or your dependent child receive any<br>bursements for travel totaling more than<br>igle source during the reporting period?  | H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more tha \$390 in value from a single source during the reporting period? | Yes X No   | C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  |
| Yes No X   | t child receive any value from a single   | G. Did you, your spouse, or your dependent child receive any<br>reportable gift(s) totaling more than \$390 in value from a single<br>source during the reporting period?                      | Yes No   | B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?   |
| ar Yes No X  | or arrangement with an<br>in the current calendar   | F. Did you have any reportable agreement or arrangement with an<br>outside entity during the reporting period or in the current calendar<br>year up through the date of filing?                | Yes No   | A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? at the b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?   |
|  |   |  | THESE QUESTIONS  | PRELIMINARY INFORMATION - ANSWER EACH OF  |
|  | Termination  Date of Termination:   | Termination Date of Terr   | Amendment  | REPORT 2018 Annual (Due: May 15, 2019)  |
| Staff Filer Type: (If Applicable) Shared Principal Assistant                               |   | Officer or Employing Office: Employee  | 1  | FILER STATUS Member of the U.S. State:  |
| A \$200 penalty shall be assessed against any individual who files more than 30 days late. | A \$200 penalty s individual who fi   | lone.  | Daytime Telephone.   | Name: WILLIAM H "BILLY" LONG, II  |
| U.S. HOLISE DESCRIPTION OF THE CLERK   | 10 mg |  |  |   |
| Page 1 of 15 LEGISLATIVE RESOURCE CENTER 2019 MAY 15 PM 3: 23                              |   | F <b>orm A</b><br>For Use by Members, Officers, and Employees  |  | UNITED STATES HOUSE OF REPRESENTATIVES<br>2018 FINANCIAL DISCLOSURE STATEMENT   |
|  | 1   |  |  |   |

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

## Name: WILLIAM H. BILLY LONG, II

Page 2 of 15

|        |          |           |   |   | Sample to       | AB                    | Examples:        | DC, SP Me            | il interest-bearing accounts, to all interest-bearing accounts. If the total list every financial institution where the \$1,000 in interest-bearing accounts. For excluding accounts. For excluding accounts, for excluding accounts, for excluding accounts, for excluding accounts. For an ownership interest in a private property," and a city and state. For an ownership interest in a private that is not publicly traded, state if business, the nature of its activities, are location in Block A.  Exclude: Your personal residence, is homes and vacation homes (unless income during the reporting period); a income during the reporting period); a interest in, or income derived in retirement program, including the Thin retirement program, including the Thin fill you report a privately-traded fund the investment Fund, please theck the "E income source is that of your signal account on the far left.  For a detailed discussion of Schedule please refer to the instruction booklet.  | the account that exceeds  | that generated more in a during the year.  Provide complete names (do not use only ticker s)  For all IRAs and other and other sources.   | Identify (a) each assignment production of income a exceeding \$1,000 at the  | Assets and/or                | BL         |
|--------|----------|-----------|---|---|-----------------|-----------------------|------------------|----------------------|--|---------------------------|---|---|------------------------------|------------|
|        |          |           |   |   | =5 ATTACHO      | ABC Hedge Fund X      | Simon & Schuster | Mega Corp. Stock EIF | all interest-bearing accounts, total the emount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the fair left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | the reporting thresholds. | that generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401ft) plans) remide the value for each asset held in | Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period and in the contract of th | Assets and/or Income Sources | BLOCK A    |
|        |          |           |   |   | Ö               |                       |                  |                      | None   | >                         |   |   |                              |            |
|        |          |           |   |   |                 |                       |                  |                      | \$1-\$1,000  | æ                         | If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.                                      | Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.   |                              |            |
|        |          |           |   |   |                 |                       | Indefinite       |                      | \$1,001-\$15,000   | O                         | etwa<br>tgene<br>wisto<br>nointe  | metho   |                              |            |
| +      | +        | $\dashv$  |   |   |                 |                       | ě                | Н                    | \$15,001-\$50,000  | 0                         | s sole<br>mated<br>or asse<br>erest.  | SE SE   |                              |            |
| +      | -        | _         |   |   | ┝┈              | -                     |                  |                      |  |                           | incor<br>ets he   | set a<br>ertha  |                              |            |
| +      | +        | _         | _ |   | ļ.—             | <b> </b>              | H                | ×                    | \$50,001-\$100,000<br>\$100,001-\$250,000  | т                         | at by the   | n fair  | Valu                         |            |
| +      | $\dashv$ | _         |   | _ |                 | _                     | -                | Н                    |  | 71                        | your a  | mark  | Value of Asset               | פרככא פ    |
|        | +        | _         |   |   | ļ               | ×                     | H                | Н                    | \$250,001-\$500,000<br>\$500,001-\$1,000,000   |                           | spous   | et va   | As                           | Ì          |
| +      | 4        |           |   | _ |                 | ┡                     | -                |                      |  | <b></b>                   | pen did b   | eporti  | set                          |            |
|        | 4        | _         |   |   | ļ,              | <u> </u>              |                  | $\vdash$             | \$1,000,001-\$5,000,000  |                           | depen   | lease   |                              |            |
| _      | 4        |           |   |   |                 | <u> </u>              | L                | ļ                    | \$5,000,001-\$25,000,000   | ٠                         | nd is<br>ident  | spec  |                              |            |
|        | 4        |           |   |   |                 |                       | ļ                | Ш                    | \$25,000,001-\$50,000,000  |                           | chald inc   | ₹ =   |                              |            |
|        | _        |           |   |   | L.,             |                       | ļ                |                      | Over \$50,000,000  |                           | in ded  | e me  |                              |            |
|        |          |           |   |   |                 |                       |                  |                      | Spouse/DC Asset over \$1,000,000*  | 3                         |   |   |                              |            |
|        |          |           |   |   |                 |                       |                  |                      | NONE   |                           | H re<br>asse<br>asse  | Chec<br>gene<br>529   |                              |            |
|        |          |           |   | " |                 |                       | L                | ×                    | DIVIDENDS  |                           | ts he   | rate a  |                              |            |
|        |          |           |   |   |                 |                       |                  |                      | RENT -   |                           | if reinvested, must be disclos<br>assets held in taxable accounts.<br>asset generated no income during  | Check all columns that apply. generate tax-deferred income (su 529 accounts), you may check column biblicants interest and  |                              |            |
|        |          |           |   |   |                 |                       |                  |                      | INTEREST   |                           | taxal   | you make you  | ₹                            |            |
| $\top$ | T        |           |   |   |                 |                       |                  | П                    | CÁPITAL GAINS  |                           | ble au  | 記言語   | Type of Income               | ş          |
| Ť      | Ť        |           |   |   |                 | ľ                     |                  |                      | EXCEPTED/BLIND TRUST   |                           | discount discount   | S S S S   | 3                            | 0.00       |
| $\neg$ | +        |           |   |   | -               |                       |                  |                      | TAX-DEFERRED   |                           | ing the   | 2 5 E ×   | COM                          | •          |
|        |          |           |   |   |                 | Partnership<br>Income | Royalties        |                      | Other Type of Income<br>(Specify: e.g., Partnership Income or Farm Income)   |                           | if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.   | Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the Tax-Deferred column Dividends Inferent and central refer as a second column Dividends Inferent and central refer as a central refer as the central   |                              |            |
|        |          |           |   |   |                 |                       |                  |                      | None   | _                         | mus<br>accc<br>*Coll<br>in wt   | Cap may   |                              |            |
|        |          |           |   |   |                 |                       |                  |                      | \$1-\$200  | =                         | must be disclosed as inco<br>accounts. Check "None" if no<br>"Column XII is for assets held<br>in which you have no interest.   | ssets<br>gory   |                              |            |
|        |          |           |   |   |                 |                       | ×                |                      | \$201-\$1,000  | ≡                         | OL PS   | of the start  |                              |            |
|        |          |           |   |   |                 |                       |                  | ×                    | \$1,001-\$2,500  | ₹.                        | or as   | Non-  | <b>&gt;</b>                  |            |
|        | T        |           |   |   |                 | ×                     |                  |                      | \$2,501-\$5,000  | <                         | as lone*  | , e y   | )                            |            |
|        | 1        |           |   |   |                 |                       |                  |                      | \$5,001-\$15,000   | ≤                         | est.  | check   | μŢ                           | ļ          |
|        | 1        | $\exists$ |   |   |                 |                       |                  |                      | \$15,001-\$60,000  | ≨                         | ne fo<br>incom  | 2 0 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | of Ir                        | 010        |
|        | -        | $\dashv$  |   |   | Н               |                       |                  |                      | \$50,001-\$100,000   | ¥                         | or as   | BAY-D   | Amount of Income             | ľ          |
| +      | +        | $\dashv$  |   |   | $\vdash \dashv$ |                       |                  |                      | \$100,001-\$1,000,000  |                           | use c   | ppnor a   | me                           |            |
| _      | $^{+}$   | $\dashv$  |   |   | Н               | -                     | ┢                |                      | \$1,000,001-\$5,000,000  |                           | ned c   | ssets<br>mate   |                              |            |
| +      | +        | ┪         |   |   |                 |                       | <u> </u>         | Н                    | Over \$5,000,000   | ≚                         | n gender  | box indic   |                              |            |
| +      | †        | $\dashv$  |   |   |                 | Н                     | $\vdash$         |                      | Spouse/DC Asset with Income over \$1,000,000*  |                           | must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.   | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.  Dividends inferest and cateful ratins even if retrievested.   |                              |            |
| +      | +        | -         |   |   | _               | _                     |                  | Sc                   | Ţ  |                           |   |   | -                            | _          |
|        |          |           |   |   |                 |                       |                  | S(part)              | blank if there are no transactions that exceeded \$1,000.  | leave this column         | exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold please indicate as  | Indicate if the asset had purchases (P), sales (S) or   | Transaction                  | DECOUNT IN |

| Stock and Securities: Fidelity Investments: 133-207446 Fidelity Government Money Market Fidelity Municipal Money Market Chesepeake Energy Corp Direxion ETF PepperRock Res Corp Southern Co Stocks Held, TDAmeritrade 424-967538 Money Balance | Oil Interest  Resource Strategies LLC  HRH Resources Finley Resources, Inc | Mortgage Note Receivable:  T Kathy and Shawn Whitman, Fair Grove, MO | Bank Accounts:  JT Bancorpsouth, checking account JT Springfield First Community Bank JT Congressional Federal Credit Union, Checking JT Congressional Federal Credit Union, Savings SP Springfield First Community Bank, Hith Svgs Acct   |   |
|--|--|--|--|---|
| ××   |  | 4  | <del></del>  | None \$ 1 - \$ 1,000 @  |
| **********   | ××   |  | жж'й, <sup>*</sup><br>*  | \$ 1,001,-\$ 135,0,000 - 10 - 10 - 10 - 10 - 10 - 10 - 1  |
| Sec. 3.2 (4.5)   | ;  | ×  |  | \$ 5 0, 0 0 1 - \$ 1 0 0, 0 0 0 0 m<br>\$ 1 0 0, 0 0 1 - \$ 2 5 0, 0 0 0 0 0<br>\$ 2 5 0, 0 0 1 - \$ 5 0 0, 0 0 0 0<br>\$ 5 0 0, 0 0 1 - \$ 1, 0 0 0, 0 0 0 0   |
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|  | . ;  | *  | ****   | INTEREST<br>CAPITAL GAINS   |
|  | Royalt<br>Royalt<br>Royalt   |  |  | INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX DEFFERRED   |
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|  | Inherited<br>Inherited   |  |  |   |

| Individual Retirement Accounts:  Fidelity Investments: (SEP) 133-164313  Allergan Inc Dalphi Technologies Plc Aptiv Plc Com New Fidelity Govmt Cash Reserves Innate Immunotherapeutics Apple Inc Cdex Inc Cl A Chesapeake Energy Corp | Insurance Policies  Metlife Insurance Co. of Connecticut Interest Sensitive Whole Life, Cash Value | JT Vanguard Funds, Mutual Funds: 88010950528 Prime Money Market Fund Allergan Inc The Walt Disney Co JT Wells Fargo Advisors 8853-1907 Washington Mutual Fd F2 Legg Mason, Clearbridge Aggressive Gwth Fd Principal Fds Inc Midcap Fd Russell US Small Cap JT Southern Company |   | Asset and/or Income Source |
|---|--|--|---|----------------------------|
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|   | . :  | *  | ,   | Value                      |
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| www.bec.ki  | *  |  | \$ 5 0 0, 0 0 1 - \$ 1, 0 0 0, 0 0 0                                    | ě                          |
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|   | ia <sup>na</sup> i   | **   | CAPITAL GAINS<br>EXCEPTED/BLIND TRUST                                   | Type of Income             |
| *******   |  |  | TAX DEFFERRED   | ome                        |
|   |  |  | OTHER TYPES OF INCOME   | Ц                          |
| A A A A A A   | 3 <b>X</b> .   |  | None -<br>\$ 1 - \$ 2 0 0 =   |                            |
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|   | 17.22  |  | \$ 1,000,001 - \$ 5,000,000 ×   |                            |
|   |  |  | Over \$ 5,000,000   | H                          |
| ם סיס ס   |  | w w w w  |   | Transaction                |
|   |  |  |   | Ц                          |

| Linnco, LLC Com Millenniu. Plastics Corp Nexipath Technologies Inc SCAC Hldgs Corp New Southern Company Fidelity Investments: (IRA) 2AX-343196 Fidelity Magellan Fund Vanguard Voyager Services 58166768 Prime Money Mkt Fund Apple Inc Wells Fargo Advisors: (4143-5730) Bank Deposit Sweep Centurylink Inc Kinder Morgan Mgmt LLC Legg Mason, Clearbridge Tactical Omega Healthcare REIT Invst Inc The Southern Company Thomburg Invt Tr Income Bldr Fd Fidelity Investments: 414-229393 SP Southern Co SP Fidelity Cash Reserves |   | Asset and/or Income Source    |
|---|---|-------------------------------|
|   | \$ 1, 0 0 0, 0 0 1 - \$ 5, 0 0 0, 0 0 0 \$ 5, 0 0 0, 0 0 0 1 - \$ 2 5, 0 0 0, 0 0 0 0 \$ 2 5, 0 0 0, 0 0 0 0 1 - \$ 5 0, 0 0 0, 0 0 0 0 \$ \$ 0 ver \$ 5 0, 0 0 0, 0 0 0 \$ \$ 0 VI DENDS   | Value of Asset Type of Income |
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|   |   | Transaction                   |

| S S S   | _                          |
|---|----------------------------|
| Business Interests: Billy Long, Inc., Sub S Corporation Real Estate Commission Sales 3923 E. Glen Abbey Dr., Springfield, MO 80% shareholder interest Professional Realty Referral, Inc., S Corporaton Real Estate Commission Sales 3923E. Glen Abbey Dr., Springfield, MO 100% shareholder interest BCL Homes, Sole Proprietor 3923 E. Glen Abbey Dr., Springfield, MO 100% interest   | Asset and/or Income Source |
| None \$ 1 - \$ 1,000 \$ 1,001 - \$ 15,000 \$ 15,001 - \$ 50,000 \$ 15,001 - \$ 100,000 \$ 100,001 - \$ 100,000 \$ 100,001 - \$ 250,000 \$ 100,001 - \$ 250,000 \$ 250,001 - \$ 500,000 \$ 5,0001 - \$ 500,000 \$ 5,000,01 - \$ 5,000,000 \$ 5,000,001 - \$ 5,000,000 \$ 2500,0001 - \$ 5,000,000 \$ 25000001 - \$ 50,000,000 \$ 25000001 - \$ 50,000,000 \$ 250000001 - \$ 50,000,000 \$ 25000001 - \$ 50,000,000 \$ 25000001 - \$ 50,000,000 \$ 25000001 - \$ 50,000,000 \$ 25000001 - \$ 50,000,000 \$ 250000001 - \$ 50,000,000 \$ 25000001 - \$ 50,000,000 \$ 250000001 - \$ 50,000,000 \$ 250000001 - \$ 50,000,000 \$ 250000001 - \$ 50,000,000 \$ 25000000000000000000000000000000000000 | Value of Asset             |
| OTHER TYPES OF INCOME   |                            |
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|   | Transaction                |

### SCHEDULE B - TRANSACTIONS

Name: WILLIAM H BILLY "LONG, I Page 1 of 15

|   |   |         |   |   |   |   |   |            |   |   |   |  |              |                |   |          |  |   | 1 CASE ATTACHED                                  | SP Exemple Mega Corp. Stock | SP, DC, JT Asset | Capital Galna: If a seles transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an esset in a tax-deferred account, and disclose the capital gain income on Schedule A.  "Column K is for assets solely held by your spouse or dependent child. | resulted the capital Mass. From the property of all exchange underwork<br>Exclude transactions between you, your spouse, or dependent children, or the<br>purchase or sale of your personal residence, unless it generated rental income. If<br>only a portion of an asset is sold, please choose "partial sale" as the type of<br>transaction. | reporting pence of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include prescription that | Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the |
|---|---|---------|---|---|---|---|---|------------|---|---|---|--|--------------|----------------|---|----------|--|---|--|-----------------------------|------------------|---|---|--|--|
|   |   |         |   |   |   |   |   |            |   |   |   |  |              |                |   |          |  |   |  |                             |                  | Purchase  |   | _  | Тур  |
|   |   |         |   |   |   |   |   |            |   |   |   |  |              |                |   |          |  |   |  |                             |                  | Sale  |   |  | of Tr  |
|   |   |         |   |   |   |   |   |            |   |   |   |  |              |                |   | i        |  |   |  | ×                           |                  | Partial Sale  |   |  | Type of Transaction  |
|   |   |         |   |   |   |   |   |            |   |   |   |  | )            |                |   |          |  |   |  |                             |                  | Exchange  |   |  | S  |
|   |   |         |   |   |   |   |   |            |   |   |   |  |              |                |   |          |  |   |  | ×                           |                  | Check Box if C<br>\$200   | apital Gain Ex  | bebee  |  |
|   |   |         |   |   |   |   |   |            |   |   |   |  |              |                |   |          |  |   |  | 3/9/18                      |                  | woody, if applicable  | (MO/DAYR)<br>or<br>Quarlerly,   |  | Date   |
|   |   |         |   |   |   |   |   |            |   |   |   |  |              |                |   |          |  |   |  |                             |                  | \$1,001-<br>\$15,000  |   | >  |  |
|   |   |         |   |   |   |   |   |            |   |   |   | -  |              |                | - |          |  | - | ļ <u>-</u>                                       | ×                           | _                | \$15,001-<br>\$50,000   |   |  | {  |
|   | _ |         |   |   |   |   |   |            |   |   |   |  |              |                |   |          | _  | - |  | ┢                           | _                | \$50,001-<br>\$100,000  | 1.11  | ,<br>,   | <b> </b>   |
| Ì |   |         |   |   |   |   |   | ļ. <u></u> |   |   |   |  | -            |                |   |          |  | - |  | <u> </u>                    |                  | \$100,001-<br>\$250,000   | <del>-,,</del>  | D  |  |
|   |   | _       | _ | - |   |   |   | -          |   |   | - |  |              |                |   | <b>-</b> |  | _ |  | -                           | -                | \$250,001-<br>\$500,000   | ·   | m  | mour   |
|   |   |         |   |   |   | - | - |            |   | - | - | -  |              | <del> </del>   | - |          |  | - | <del>  -</del>                                   | <u> </u> -                  | -                | \$500,001-<br>\$1,000,000   |   | п  | t of Tr  |
|   |   |         |   |   |   |   |   |            | _ | - |   |  | -            | <del>  -</del> | - |          | <del>                                     </del> |   | <del>                                     </del> | -                           |                  | \$1,000,001-<br>\$5,000,000   | ·   | <u>ه</u>   | Amount of Transaction  |
|   |   | -       |   |   | - | - |   | -          | - | - |   | <del> </del>                                     |              |                | - | _        | <del> </del>                                     | - | -  | <u> </u>                    | <del> -</del>    | \$5,000,001-<br>\$25,000,000  |   | I  | tion   |
|   |   |         | _ |   | - |   |   | -          |   | - |   | <del>                                     </del> | <del> </del> |                | - |          |  |   | <del>                                     </del> | <u> </u>                    |                  | \$25,000,001-<br>\$50,000,000   |   | _  |  |
|   |   | <b></b> |   |   |   |   | - |            |   |   |   |  | -            |                | - |          |  |   |  | 1                           |                  | Over \$50,000;  | 000   |  |  |
|   |   |         |   |   |   |   |   |            |   |   |   |  |              |                |   |          |  |   |  |                             |                  | Over \$1,000,0<br>(Spouse/DC A  |   | ~  |  |

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William H. Long, II United States House of Representatives Financial Disclosure Statement - Form A Calendar Year 2018

| Ford Motor Company Chesapeake Energy Corp Ford Motor Company Apple Inc Chesapeake Energy Corp Chesapeake Energy Corp | SP.DC. ASSET  | SCHEDULE B TRANSACTIONS |
|--|---|-------------------------|
| ××××××   | PURCHASE  |                         |
| ×  | SALE  | Type of<br>Transaction  |
|  | PARTIAL SALE  | ype of<br>insactio      |
|  | EXCHANGE  | Š                       |
|  | Check Box if Capital Gain Exceeded \$200                      |                         |
| 1/4/2018<br>1/17/2018<br>1/25/2018<br>4/6/2018<br>9/5/2018<br>9/5/2028<br>9/5/2028<br>10/31/2018   |   | Date                    |
|  | \$ 1 5,0 0 1 - \$ 5 0,0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0     | Amount of Transaction   |
|  | \$ 1, 0 0 0, 0 0 1 7 \$ 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | saction                 |

## SCHEDULE C - EARNED INCOME

| Name:WILLAM H. BILLY LONG |  |
|---------------------------|--|
| T Page 9 of 15            |  |

| EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source for other spouse earned income exceeding \$1 000. See examples below. |
|--|---|
|--|---|

| INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.  | ed at or above the "senior staff" rate was (<br>y relationship) are totally prohibited. | \$28,050. The 2019 limit is \$28,440. |
|--|---|---------------------------------------|
| Source (include date of receipt for honoraria)   | Type  | Amount                                |
| Keene State  | Approved Teaching Fee   | \$6,000                               |
| Examples: Size of Mandand  Civil War Roundtable (Oct. 2)  Ordand County Roard of Education   | Spouse Speech Spouse Salary   | \$1,000<br>N/A                        |
| Pare ATTACHED  |   |                                       |
|  |   |                                       |
|  |   |                                       |
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| THE PERSON NAMED IN COLUMN TO THE PE |   |                                       |

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William H. Long, II United States House of Representatives Financial Disclosure Statement - Form A Calender Year 2018

#### Schedule C - Earned Income

| Schedule C - Earned income Source Keller Williams Realty, Inc. | Type Residual Commissions for Services Rendered Pior to House Employment | Amount 28,608 |
|--|--|---------------|
| Keller Williams Realty, Inc.                                   | Spouse Residual Commissions  | N/A           |

#### SCHEDULE D - LIABILITIES

|   | Name:∫        |
|---|---------------|
| *************************************** | Much          |
|   | 8, H vi       |
|   | KTA"          |
|   | LONG.         |
|   | $\mathcal{I}$ |

| - | <br>잌 |   | Page_ <u>I</u> |
|---|-------|---|----------------|
| 八 |       | _ |                |

owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless

| Creditor  Date Liability Incurred MO/YR  First Bank of Wilmington, DE  5/16  Mortgage on Rental Property, Dover, DE  ATIACHED  Date Liability Incurred MO/YR  Mortgage on Rental Property, Dover, DE | # 10,000. Column is a column to make out of by Jode opoutor of superioris simology |
|--|--|
| ACLED  | SP.  |
| HED  | Exemple First Bank of Wilmington, DE   |
|  | ) P/G  |
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#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature

|  |  | Nove | Position             |
|--|--|------|----------------------|
|  |  | Nove | Name of Organization |

William H. Long, II

| Calendar Year 2018 | Financial Disclosure Statement - Form A | United States House of Representatives |
|--------------------|---|--|
|                    |   |  |
|                    |   |  |

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| SP   | SP,<br>DC,   | Sched                    |
|--|--|--------------------------|
| SP SFC Bank, Springfield, MO   | Creditor   | Schedule D - Liabilities |
| 9/9/2016   | Date<br>Liability<br>Incurred<br>Mo/Year   |                          |
| Line of Credit Business Loan   | Type of Liability  |                          |
| 10 100 × 100 | \$ 1 0,00 1 \$ 1 5,0,00 0 B \$ 1 5,00 1 - \$ 5 0,00 0 C \$ 5 0,00 1 - \$ 1 0 0,00 0 C \$ 1 0 0,0 0 1 - \$ 2 5 0,0 0 0 C \$ 2 5 0,0 0 1 - \$ 5 0 0,0 0 0 C \$ 1,00 0,00 1 - \$ 5,00 0,00 0 C \$ 5,00 0,00 1 - \$ 5,00 0,00 0 C \$ 2 5,00 0,00 1 - \$ 5,00 0,00 0 C \$ 2 5,00 0,00 0 1 - \$ 5 0,00 0,00 0 C \$ 2 5,00 0,00 0 1 - \$ 5 0,00 0,00 0 C \$ 2 5,00 0,00 0 1 - \$ 5 0,00 0,00 0 C \$ 2 5,00 0,00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |                          |

**BCL Homes** 

#### SCHEDULE F - AGREEMENTS

Name: WILLIAM H. BILLY LONG, II Page 13

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties to Agreement | Terms of Agreement |
|------|----------------------|--------------------|
|      | None                 |                    |
|      |                      |                    |
|      |                      |                    |
|      |                      |                    |
|      |                      |                    |
|      |                      |                    |
|      |                      |                    |

#### **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbylist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

|          | Source                          | Description   | Value |
|----------|---------------------------------|---|-------|
| Example: | Mr. Joseph Smith, Arlington, VA | Silver Platter (prior determination of personal friendship received from the Committee on Ethics) | \$400 |
|          | Nove                            |   |       |
|          |                                 |   |       |
|          |                                 |   |       |
|          |                                 |   |       |
|          |                                 |   |       |
|          |                                 |   |       |

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: WILLIAM K"BILLY"LONG Page H of

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

| •  |            |  |                   |                |                               |
|--|------------|--|-------------------|----------------|-------------------------------|
| Source   | Date(s)    | City of Departure-Destination-City of Return | Lodging?<br>(Y/N) | Food?<br>(Y/N) | Family Member Included? (Y/N) |
| Government of China (MECEA)                          | Aug. 6-11  | DC-Beijing, China-DC                         | ۲                 | ۲              | Z                             |
| Examples: Habital for Humanity (charity fundraliser) | Mar. 3-4   | DC-Boston-DC                                 | ~                 | ~              | ٧                             |
| Consumer Technology Assoc                            | Jan 11-13  | DC-Las Vegas - DC                            | ~                 | ム              | Z                             |
| US ASSUC of Former Members Feb 17-24 DC-Tokyo Japan- | Feb 17-24  | DC-Tokyo Japan-                              | ~                 | $\prec$        | 2                             |
| of Compress & Sasa-Kawa Peace                        |            | Sapporo Japan - DC                           | ,                 |                |                               |
| Formation  |            | -  |                   |                |                               |
| The Aspen Institute                                  | Mar 2-5    | DC-Stanfield, CA - DC                        | <b>-</b> <,       | ~              | Z                             |
| Government of Gotor (MECEA)                          | Mar 29-Ar3 | Mar 29- Ar 3 Dc - Doba, Outar - DC           | ~                 | ~              |                               |
| The Aspen Institute                                  | Ap 15-19   | Aug 15-19 Springfield, MO-Vancous            | \<br>\            | ~              | 1                             |
|  | C          | { ·  |                   |                |                               |
| 2 The  | Nov 8-13   | Dc-Bins, France - Dc                         | く                 | $\prec$        | ~                             |
| Franklin Center                                      |            |  |                   |                |                               |
| •  |            |  |                   |                |                               |
|  |            |  |                   |                |                               |
|  |            |  |                   |                |                               |
|  |            |  |                   |                |                               |

## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

| Name: WILLIAM H. BILLY LONG |
|-----------------------------|
| Page: 15 of 15              |

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

|  |  |  |  |  | None | Examples: XYZ Magazine |              | Source   |  |
|--|--|--|--|--|------|------------------------|--------------|----------|--|
|  |  |  |  |  |      | Article                | Speech       | Activity |  |
|  |  |  |  |  |      | Aug. 13, 2018          | Feb, 2, 2018 | Date     |  |
|  |  |  |  |  |      | \$500                  | \$2,000      | Amount   |  |